

Angels of Mercy: The Army Nurse Corps on Bataan and Corregidor

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When Second Lieutenant Minnie Breese, United States Army Nurse Corps, arrived in the Philippine Islands for a two-year tour of duty in 1940, she reported to an assignment much coveted by the 942 Army nurses then on active duty. The balmy green islands were a paradise for liberty, and the ratio of patients to medical personnel ensured a reasonable work schedule for the nurses assigned to the various Army medical installations on the islands.

For the Army nurses there, it was a time when duty hours were short—often they worked half shifts because of light patient load—and liberty opportunities were unlimited. Many of the nurses took advantage of their abundant free time to develop their golf or tennis game. Night life might consist of dinner and drinks at the Army-Navy Club in Manila, followed by dancing and entertainment at the popular Manila Hotel. For those who enjoyed spectator sports, an evening of jai alai might be followed by a visit to La Paloma, where the taxi-dancers always drew large crowds.

In such a carefree atmosphere, romances flourished. Minnie Breese met her future husband in Manila, where he was serving as an artilleryman. Second Lieutenant Lucy Wilson was dating Dan Jopling, a lieutenant in the 200th Coast Artillery, and just beginning to think seriously about resigning to marry him.¹ Both weddings would occur, but not until a world war was fought.

Life was good for the military nurses in the Philippines, and if they didn't have the status of or make the same money as their male contemporaries, well, that was the law. The military rank held by Army and Navy nurses was called "relative rank." It was authorized for the ranks second lieutenant through major in the Army and ensign through lieutenant commander in the Navy. Roughly, it gave nurses authority in and around military hospitals directly beneath that of officers of the medical corps. Base pay was not the same for a male officer and a nurse of the same rank. In 1941, a Navy nurse who was a

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Lieutenant (JG) made \$90 a month plus a living allowance called "maintenance," which meant a room in the nurses' quarters and a meal allowance. Single male officers of equivalent rank made \$166 a month plus an additional \$60 for quarters and 60 cents per day subsistence.² But the money was apparently not a bone of contention with the women. After all, they made more than their civilian counterparts, and they were working in a tropical paradise.

During these carefree days in the Philippines, the one sour note was the war news in the daily newspapers. Although the military community was interested in what Hitler was doing in Europe, it seemed far away. As for the Japanese threat to the islands, it was not until the spring of 1941 that the senior commanders of the Philippine command, Generals Jonathan M. Wainwright and George Grunert of the Army and Admiral Thomas Hart of the Navy, became concerned about their readiness for a possible war with the Japanese.

Paradise Lost

As the European war intensified and the possibilities of a conflict in the Pacific increased, the 100 military nurses in the Manila area received two signals of how seriously Washington viewed the possibility of war. In March 1941, the Navy sent the wives and children of its personnel back to the United States. In May, the Army followed suit. Minnie Breese, nearing the end of her two idyllic years in the Philippines, observed an increase in tension at the time of the dependent evacuation. There also appeared to be greater interest in President Roosevelt's Fireside Chats, heard regularly on the radio.³

The golden days in the Philippines were coming to an end for the military. In both Washington and Manila the threat of a war with Japan focused attention on the vulnerability of the Philippine garrison. General Wainwright later wrote that "the sparkle went out of Manila in the spring of 1941. War was coming and we all knew it."⁴

Wainwright would have been even more pessimistic had he known that by the spring of 1941 Army and Navy planners had already written off the Philippines. Reviewing the old War Plan Orange, formulated in the 1920s and calling for relief of the Philippine garrison within six months of the

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commencement of war, the planners had realistically decided that two years was a more feasible estimate of the time required to send reinforcements. In evaluating the strength of the existing garrison, the same planners estimated that it could hold out for only six months.⁵

In July, General Douglas MacArthur was recalled to active duty and given command of US Army Forces in the Far East (USAFEF). To bolster the manpower available to defend the Philippines, the 76,000-man Philippine army was inducted into the US forces. Coinciding with this move, war supplies and reinforcements began to arrive. Training increased in tempo and security took on an importance unheard of back in 1940.

For the Army nurses, life continued much as usual, except that with the exodus of dependents the patient load greatly decreased. There was even more time to spend at the tennis court or the Army-Navy Club, and few if any of the women really believed that a Japanese force could conquer the Philippines. The source of this belief was the widely held opinion that when an attack came the mighty US Pacific Fleet would sail from Pearl Harbor to succor the Philippines.

First Lieutenant Josie Nesbit was the acting Chief Nurse at Sternberg General Hospital in Manila on 8 December 1941. The news of the Japanese surprise attack on Pearl Harbor had been arriving by radio in Manila since about 3:30 A.M., and everyone was concerned over the fate of relatives or friends. Nesbit later recalled, "I was acting Chief Nurse and my night nurses . . . were so perturbed. They knew someone in Honolulu . . . So I said, 'girls you have to get to sleep today . . . because you have to go to work tonight.'"⁶

At noon on the 8th of December, less than nine hours after the Pearl Harbor raid, Japanese bombers based on the island of Formosa made a bombing run on Baguio, the summer capital of the Philippine government. Fifteen minutes later another Japanese attack was in progress at Clark Field, where most of the American B-17 bombers were caught on the ground and destroyed.

War had arrived, and the accompanying destruction filled the military hospitals with patients almost immediately. At Sternberg Army Hospital, Second Lieutenant Juanita Redmond had been looking forward to an afternoon of golf; instead, she worked in the operating room for eight hours. She described the wounded as moving "on blood-crusted litters, many of them still bleeding, some with shrapnel lodged in their wounds, or arms dangling, or partially severed legs. And many were dead when they reached us."⁷

For nearly all the nurses, dealing with mass casualties was to be an entirely new phenomenon. Although the two senior Army nurses, Captain Maude Davison and Josie Nesbit, had served in World War I, the other Army nurses had not served during a wartime contingency. Moreover, prior to World War II, American military nurses were given little training beyond that needed to function in a stateside, clinical environment. Indeed, although the War Department recognized that war would require more nurses than the active duty

ceiling allowed, a Nurse Corps Reserve was not established because "the duties of a nurse in a military hospital do not differ in any important particular from the duties . . . in civil hospitals."⁸ Training with shock and battle trauma would come on the job. Instruction on how to behave if captured by the enemy would come a few minutes before Japanese soldiers arrived to take the nurses prisoner.

Bombing attacks on the islands' Army and Air Corps installations continued daily. The Navy base at Cavite experienced a bombing run for the first time on 10 December. For over two hours, wave after wave of Japanese bombers pounded the huge installation. Army nurses at Sternberg, 20 miles away in Manila, could see the flames from the many fires that reduced the once strong naval facility to rubble and ashes.

The Manila area hospitals began to fill. All patients and medical personnel from Canacao were evacuated to Sternberg Hospital. The hospital and the annex were renamed the Manila Hospital Center on 11 December, and a combination of Army and Navy medical personnel worked round the clock to care for the hundreds of injured streaming in nonstop.

The first elements of the Japanese invasion force had been on Luzon since the morning of the 10th, landing on the northern tip of the island. It was just a matter of time until the enemy began landing in force to drive the outnumbered American-Filipino forces south to the Bataan peninsula.

By this time, the Army nurses had shed their white uniforms. The only available fatigues that could be found were size 46 male coveralls. Each nurse received two pair, and with the help of some makeshift tailoring, combat nursing uniforms were born.

The Japanese advanced rapidly to the south. On Christmas Eve, 24 Army nurses, 25 Filipino nurses, and Lieutenant Ann Bernatitus, Navy Nurse Corps, were sent by motor convoy to the town of Limay on the Bataan peninsula. They were tasked to prepare a field hospital in a collection of run-down barracks. Their Christmas celebration consisted of cleaning floors, washing windows, assembling cots, and setting up a hospital facility from stored supplies. The equipment at hand was certainly not modern. The nurses noted that most items were wrapped in 1918 newspapers! This makeshift hospital became General Hospital No. 1, and patients began arriving within days. Since this would be the field hospital closest to the fighting, all battle casualties were brought there for surgery and recovery.

On Christmas Day, 20 Army nurses were sent by harbor ferry to the town of Lamao, south of Hospital No. 1 on the Bataan peninsula. Further in the rear, they established Hospital No. 2 as a convalescent hospital. It was much more primitive, with mats spread over foxholes for beds. This mostly open-air jungle facility occupied three acres.

Once casualties had been transported to the new sites, a routine at both hospitals quickly appeared—work, work, and more work. Nurses were on duty

at first light and worked until it became too dark to see. Artificial lighting could not be used to lengthen the working day because of the danger of revealing the sites to Japanese aircraft. Nurses on night duty carried flashlights covered with layers of blue cloth, making their rounds in almost total darkness.⁹

During the days immediately following Christmas, Josie Nesbit, ten of her Army nurses, and dietitian Ruby Motley departed Sternberg Hospital and were evacuated directly to Corregidor by boat. It wasn't a happy day for any of the nurses—too many doctors, corpsmen, and patients were being left behind.

As the Japanese approached the outskirts of Manila, 224 wounded Americans and Filipinos from Santa Scolastica and Sternberg Hospital were loaded on an inter-island steamer built for a passenger load of 75. Colonel Percy J. Carroll, one of the senior Army doctors, Second Lieutenant Floramund Fellmeth, Army Nurse Corps, and several Filipino doctors and nurses accompanied the wounded on what would become a 27-day journey to Australia and freedom. It was New Year's Eve.

During this hectic time in southern Luzon, two of the Army nurses were having a very different kind of adventure farther north at Baguio. Second Lieutenants Ruby Bradley and Bea Chambers had been attached to a dispensary at the Army installation located near the summer residence of Philippine President Manuel Quezon. With the Japanese landings in the north the nurses had joined other Army personnel in literally taking to the hills. They were free for a short time, but by New Year's Eve 1941 they had been imprisoned at the Baguio internment camp.

The frantic retreat of the Americans into the Bataan peninsula continued through 5 January 1942. At 2:00 A.M. on 6 January, Army engineers destroyed the Layac Bridge, the only entrance to the peninsula and situated at its neck. The last tank of the 21st Division's covering force had crossed the bridge at 1:59 A.M.

Although for the time being the American force was in a favorable defensive position, the logistic situation was grim. There were more than 100,000 people on the Bataan peninsula. Of these, 80,000 were American or Filipino troops and the remainder were civilian refugees fleeing the invading Japanese. The food available in Bataan consisted of field rations for 30 days, canned meat and fish for 50 days, flour and canned vegetables for 30 days, and approximately 20 days of rice.¹⁰ Other items in short supply were gasoline, trucks, sandbags, and clothing. Communications almost ceased to exist, since there were no telephone lines, very few radios, and only two scout cars that were radio-equipped.

To conserve food, General MacArthur sent word from Corregidor that both Bataan and Corregidor would go to half rations. Since that was barely enough to keep a sedentary group alive, much less a combat force, General Wainwright ordered his men into the countryside to forage for anything vegetable or animal that could be found.

The temporary lull in the fighting ended when the Japanese launched a series of amphibious attacks on Bataan. Slowly but surely, General Wainwright was being pushed closer and closer to the tip of the peninsula. And his forces were beginning to take severe casualties.

Hospital No. 1 at Limay was relocated after the front lines broke on 23 January. The medical personnel transported patients and what supplies and equipment they had to a new location to the south. They called the new hospital "Little Baguio." To call it a hospital was pretentious. It really was an old motor pool site with a couple of wooden frame buildings and one huge, tri-level shed with a corrugated roof and a concrete floor. On each of the levels in the shed a ward was established. Sheets were set out to clearly mark this facility as a hospital for the benefit of any Japanese aircraft that might spot the activity below.

Both field hospitals were swamped with patients, nearly 3000 in each by the end of February. In addition to the injured, the hospitals now housed severe cases of dysentery and diarrhea. But the two most serious illness problems to face the Bataan force were just beginning to appear: malaria and malnutrition.

Before the Japanese invasion, malaria had been almost nonexistent in the Philippines. It was later determined that the parasites that cause the disease were brought to the island by Japanese soldiers infected elsewhere. Mosquitoes who bit the infected soldiers became carriers, infecting the Filipino population. With the large number of civilians on the Bataan peninsula, malaria inevitably reached epidemic proportion. At first, quinine and atabrine kept the disease under some control. Like other supplies, however, these medicines existed in limited quantities. By 1 March hospital admissions for malaria had reached 500 or more *daily*. When asked what happened when the quinine gave out, Minnie Breese said, "We gave them TLC . . . about all you could do."¹¹

By the end of March, the hospitals on the Bataan Peninsula held 7000 patients, with an additional 4000 being treated in a provisional hospital (staffed by corpsmen and medical officers only) that had been established even closer to the fighting.¹²

On 11 March, morale plummeted when General Douglas MacArthur, Mrs. MacArthur, their son Arthur, a Chinese nurse, and various members of the USAFFE staff boarded PT boats at the dock on Corregidor and began their journey to safe haven in Australia. Although the General was leaving as a direct result of orders issued by President Franklin D. Roosevelt, many of the Corregidor defenders were bitter about being left while "Dugout Doug" sailed to freedom. An anonymous ditty, sung to the tune of "The Battle Hymn of the Republic," was a popular number after MacArthur's departure:

Dugout Doug's not timid, he's just cautious, not afraid;
He's protecting carefully the stars that Franklin made.
Four-star generals are as rare as good food on Bataan;
And his troops go starving on.¹³

For the most part, however, the senior officers and NCOs felt that MacArthur was more valuable to the war effort in an active role, and agreed with the decision that sent him to Australia. The doctors and nurses generally concurred.

As March progressed, General Wainwright moved his headquarters to Corregidor. The bombing in Bataan increased in intensity. On 30 March, Hospital No. 1 was bombed by the Japanese, who later claimed that it had been an accident. No such claim was made on 7 April when the hospital was hit again. Second Lieutenant Hattie Brantley was on duty at 10:00 A.M. that day when she heard a weird whistling noise outside. The bomb hit an ammunition truck near the hospital. Immediately, the corpsmen, nurses, doctors, and ambulatory patients hurried to cut the vines and ropes that held the more seriously wounded in traction. The bombs came even closer, sending huge clouds of dust and clods of dirt flying into the wards.

One of the wards set up in the open was hit directly. The patients in the orthopedic ward began to panic, and Lieutenant Brantley ran to help them. She can remember the Catholic chaplain, Father William Cummins, climbing up on a nurse's desk and reciting the Lord's Prayer. The patients became quiet, listening to the priest and praying themselves. She remembers crying and seeing others weep. Then Father Cummins stopped, climbed down from the desk, and said, "Somebody take over . . . I'm wounded."¹⁴ Elsewhere in the hospital, nurses cared for two of their own. Second Lieutenants Rosemary Hogan and Rita Palmer had been hit by shrapnel during the bombing. Each would later receive the Purple Heart.

The end was nearing on Bataan. The front had been penetrated in several places where men weakened from malaria and near-starvation rations lacked the strength and energy to resist further. On the eastern side of the peninsula the Japanese had broken through in force and threatened to overwhelm Major General Edward King's Bataan force. General Wainwright suggested an attack to the east to establish a new line. General King knew that his troops did not have an attack left in their emaciated bodies. He sent his Chief of Staff to Corregidor to inform Wainwright that surrender might come at any moment.

General Wainwright was adamant that King not surrender. The Chief of Staff, Brigadier General Arnold Funk, turned to Wainwright with tears in his eyes and said, "General, you know, of course, what the situation is over there. You know what the outcome will be." Wainwright replied, "I do." Regardless of Wainwright's message, General King knew what he would have to do and how quickly he would have to do it. He sent instructions to evacuate the nurses from the peninsula to Corregidor.

On 8 April, the senior medical officer at Hospital No. 1, Colonel James Duckworth, ordered Josie Nesbit to have her American nurses in his office by 8:00 P.M. with "what they can carry in their two hands." Lieutenant Nesbit asked about her Filipino nurses and was told that only the Americans were to go. In

her best head-nurse voice, Nesbit told him that if the Filipino nurses didn't go, she wouldn't either. The entire contingent of nurses—American and Filipino—then boarded an old bus for the journey to the pier at Mariveles, many of them protesting that they did not want to leave their patients. At Hospital No. 2, surgery was in progress and the nurses initially refused to leave. The doctors had to force them to go by issuing direct orders.

The journey to Mariveles was slow for both groups of nurses. The group from Hospital No. 2 arrived so late that no boat remained to transport them that night. They crouched on the docks and waited for a boat to be sent for them in the early hours of 9 April. At 6:00 A.M., General King surrendered Bataan to the Japanese commander. Ill, hungry, exhausted, angry, and helpless, the bedraggled group of nurses left Bataan for the tiny fortified island of Corregidor. The question on everyone's mind was "How long can we hold out on Corregidor?"

Corregidor: Nursing in a Tunnel

Those fortunate enough to escape to Corregidor before the fall of Bataan joined the almost 12,000 already overcrowded on the small island. Of these 12,000, only 7000 could really be termed combat troops. Colonel Sam Howard's Fourth Marine Regiment, 1000 strong, represented the only trained infantry on the island. The bulk of the combat-ready troops were the 5700 coast artillerymen who were needed to man the artillery pieces. The remainder of the inhabitants of Corregidor included 2000 civilians; assorted staff, support, and administrative personnel; and medical personnel.

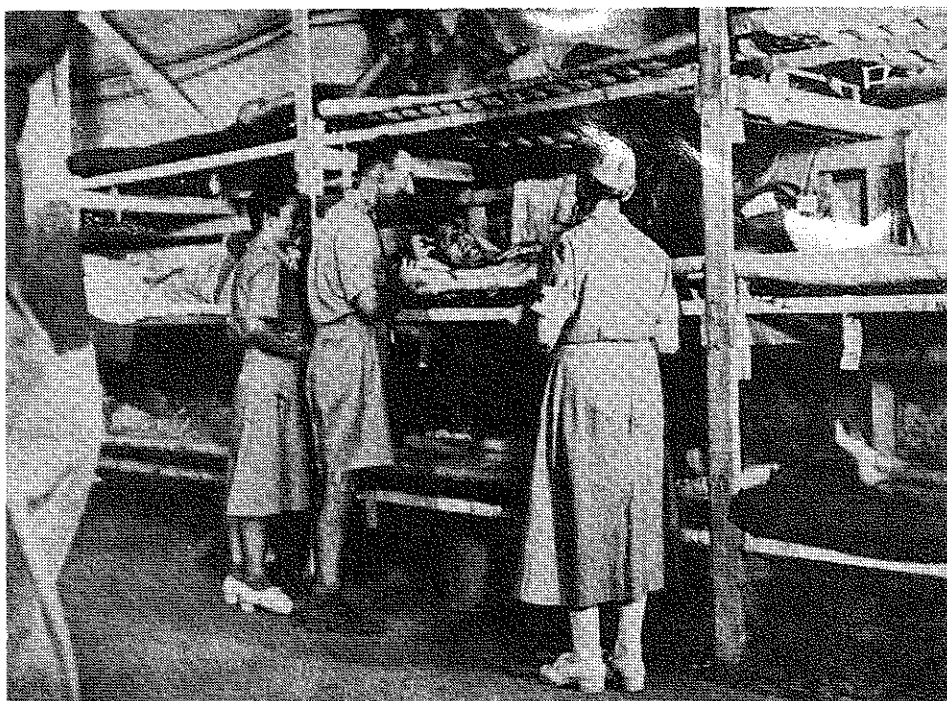
Malinta Tunnel had housed the headquarters of USAFFE until 11 March when General MacArthur left for Australia. Now it would be General Wainwright's headquarters in his new capacity as Commander-in-Chief, United States Forces in the Philippines. The tunnel complex was elaborate, consisting of a series of tunnels and laterals that ran from east to west from one side of the 400-foot Malinta Hill to the other. The main tunnel, 1400 feet long and 30 feet wide, was bisected by two trolley-car tracks that connected with the outside. The tunnel complex was dirty, noisy, and crowded. It became noisier with the constant bombing and shelling that the Japanese provided, sometimes both day and night. It became more crowded with the fall of Bataan.

The arriving nurses were immediately absorbed into the nursing staff already functioning in the tunnel hospital. In all, there were 85 military nurses, one American Red Cross nurse, several Filipino nurses, a civilian American nurse, three civilian dietitians, and a physical therapist serving with the Army Medical Department. In addition to nursing battle injuries, they would treat patients in the hospital with severe upper respiratory infections, malaria, and diarrhea. There were few neuropsychiatric cases, perhaps because there was no way to escape from the horrible reality of the situation at hand. The vitamin deficiency diseases so numerous on Bataan were just beginning, with a few

isolated cases of neuritic beriberi. Nursing shifts had already changed from the traditional three-shifts-a-day concept of peacetime garrison duty to a 12-hour, two-shift rotation. As the casualties increased, 16-hour shifts became the norm and 18-hour shifts were not uncommon.¹⁵

With the fall of Bataan, the Japanese commander, General Homma, now devoted his full energy to the assault on Corregidor. The shelling intensified as the Japanese moved 240mm howitzers to Cavite, just across the bay from the Corregidor mortar pits. There was a steady increase in dead and wounded. So many new patients soon necessitated a little Yankee ingenuity in the hospital tunnel. With the imaginative use of a welding torch, some of the men created double- and triple-decker beds. This helped to solve space problems, but the nurses found it an almost impossible task to nurse patients on the third story of a triple-decker. Another problem presented by the tunnel was its air quality. The air was so dirty, hot, and dusty that normal breathing became a problem. The nurses would routinely take gauze, wet it, and put it over the patients' mouths in order to allow more comfortable breathing.¹⁶

A more pressing worry for the medical personnel was the problem of reduced rations. Because of severe shortages and no real assurance that a relief convoy would ever arrive, the entire garrison was on half rations. While too little food weakened the healthy, it became life-threatening to the injured and seriously ill. General Wainwright was urged by his operations officer to



Tending to patients in the triple-decker beds of Malinta Tunnel.

double the ration, but he declined. With an eye toward holding out until the end of June and possible resupply by the long-rumored convoy, the General reluctantly decided to continue the garrison on half rations.

The shelling and bombing were almost continuous now. Individual acts of heroism became so commonplace as to be overlooked as just part of the day-to-day routine. Associated Press correspondent Clark Lee expressed it this way in one of his releases to the United States:

The bombs took thirty years to hit. While they were falling they changed the dimensions of the world. The noise stripped the eagles from the colonel's shoulders and left him a little boy, naked and afraid. It drove all the intelligence from the nurse's eyes and left them vacant and staring. It wrapped a steel tourniquet of fear around your head, until your skull felt like bursting. Then would come the fires, and the heroism. Men and women dashing out and picking up the wounded while the bombs were still falling. They would carry the dead and the wounded to the hospital tunnel.¹⁷

Few people still believed in the relief convoy that had been talked about since 7 December.¹⁸ Each day was the same now, with the constant bombardment stretching nerves to the breaking point. Food supplies were close to exhausted, with no possible source of replenishment.

On 28 April, Colonel Stu Wood, Wainwright's G-2, told the General that the Japanese would most probably launch an all-out offensive on the next day to commemorate Emperor Hirohito's birthday. Sure enough, on the following day the Japanese hit the island fortress with a combined artillery and air show. It has been estimated that 100 tons of bombs and 10,000 artillery shells fell on the island in those 24 hours.

In the midst of this fierce shelling, General Wainwright did receive some good news. His previous request to Australia for medical resupply by seaplane had been approved. Two Navy PBVs were en route to Corregidor that day. In addition to bringing in much-needed supplies, the planes offered Wainwright a last opportunity to send some of his garrison to safety in Australia. His priority passengers were civilian women, nurses, and some of the older male officers whose chances of survival in captivity were slim. Fifty passengers could be carried out on the PBVs. General MacArthur had asked for a few people by name, including Colonel Wood, the G-2. General Wainwright selected the civilians, including a few dependents, and several older male officers.

The way the nurses were selected differs according to source. General Wainwright indicated after his release in 1945 that his Chief Surgeon, Colonel Webb Cooper, made the selections. One of the more senior nurses, First Lieutenant Gladys Mealer, remembered the decision being made by Captain Maude Davison and General Wainwright, with some specific criteria in mind: "Some of those that were inclined to be hysterical or anything like that were sent out

and most all of them were really sick. They had malaria and we didn't have the proper diet for them and that's the way they were selected."¹⁹ Second Lieutenant Helen Cassiani remembered it with less goodwill:

We had no idea even that some nurses were going to be able to get out. But there was no consultation about how it would be done. What were the priorities for somebody being chosen to leave or anything like that. . . . And believe me, there was a good deal of what could I call it? Let's just say hard feelings. Because certainly I felt that some that had not been taken out really deserved to be going out because of medical problems. . . . Politics works no matter where you are and what the circumstances. I have to say that because I feel that very sincerely. I know that there was some preference shown.²⁰

Regardless of how the choices were made, 20 nurses were instructed to be ready to depart by 9:30 P.M. on 29 April. They were each allowed one small bag to take what belongings they might still have. The two PBYS took off, each carrying ten nurses and 15 other passengers.

The planes flew first to Lake Lanao on Mindanao Island. It was a very foggy night, and both planes had trouble landing. One plane was damaged as it landed, and its passengers were stranded on Mindanao and subsequently captured. The other plane was hidden in a cove until the following night so that Japanese reconnaissance planes would not spot it. The next evening it was able to take off and arrived safely in Australia.

Back on Corregidor, the Japanese artillery destroyed one of the two large mortar installations on the morning of 3 May. Nearly every man in the gun crew was killed. This catastrophe, added to the shortage of food and water, the number of sick and injured, and the constant pounding of Japanese bombs and shells, signaled the beginning of the end.

General Wainwright had one final option. The submarine *USS Spearfish* was lying submerged near the mouth of Manila Bay, just outside the minefield. Several more personnel, plus important records and a great deal of American currency, were to be sent on the *Spearfish* to Australia. Among the records to be sent out were promotion letters which would ensure that the wives and children of those to be imprisoned received larger allotments during the course of the war. Wainwright, generally acknowledged as a soldier's general, was later highly praised for this humane and caring act in a time of extreme crisis.

The hard part was deciding which people to send out on the submarine. General Wainwright offered a space to Johnny Pugh, one of his aides, but Pugh turned it down. Wainwright also wanted to send Gladys Mealer out as a reward for her fine service as one of the chief nurses. Lieutenant Mealer also refused the opportunity, saying later, "I couldn't see how anybody could walk off and leave all those wounded people, and I had enough faith in that old tunnel to realize that I could make it if the Japs came."²¹ Eleven Army

nurses and Navy nurse Ann Bernatitus were among the 25 finally selected to leave on the submarine. Under cover of darkness, with one small bag of belongings each, the lucky few went by boat to rendezvous with the *Spearfish*.

As dawn broke over Corregidor on 4 May, the Japanese began another brutal artillery attack. In the next 24 hours, 15,000 shells fell on the island. By the next morning, the Rock was just that—stripped bare, without a tree standing.

The situation was desperate. Only two of the 48 beach defense guns still functioned. The Japanese were already landing on the island, and the reserves—a hodgepodge of Navy bluejackets, headquarters personnel, and coast artillerymen without guns to man—had already been ordered out to meet the enemy. In the tunnel, the sick and injured numbered in excess of 1000. The smell of blood was everywhere, as casualties were placed in laterals, the main tunnel, and just about anywhere space could be found.

General Wainwright had an agonizing decision to make. In the early hours of 6 May he sent out the prearranged message “execute Pontiac”—the code for surrender. At noon, 6 May 1942, Corregidor was officially surrendered to the Japanese. After five months of intense bombardment, the last island of resistance in the Philippines had fallen, though a few scattered remnants survived on the main islands. More than 10,000 men and women waited underground in Malinta Tunnel, wondering just what would happen to them now.

Afterword

The fall of the Philippines opened another chapter in the Army Nurse Corps story. Along with the soldiers, sailors, and Marines on Corregidor, the nurses emerged from the Malinta Tunnel as prisoners of the Imperial Japanese army. Their subsequent imprisonment in the Santo Tomas civilian internment camp lasted until 3 February 1945 when the US Eighth Cavalry Regiment entered the former Philippine university and liberated all the prisoners held there.

Three things seem to have worked well for the nurses during their captivity. First, the Japanese were confounded at finding women in military uniform, and after some deliberation decided to classify the nurses as Red Cross workers. This placed the American women in internment camps rather than in military prisons such as Bilibid or Camp O'Donnell. Because of this, none of these nurses made the trip to mainland Japan on the “hell ships.” Second, an “old corps” chief nurse, Captain Maude Davison, was the senior nurse who dealt directly with their Japanese captors. Captain Davison had been in the Army Nurse Corps since World War I and was the oldest of the nurses taken prisoner. A short, stocky, white-headed lady, she commanded a certain respect from the Japanese for her age and no-nonsense attitude. Third, the nurses had a goal and purpose for each day of captivity. They were able to practice their profession and did not give in to the feeling of helplessness that afflicted many of the male prisoners. Many of the men in Santo Tomas died of malnutrition, ennui, or wet beriberi.



After their capture, some of the nurses were gathered outside Malinta Tunnel for a Japanese propaganda photograph. They refused their captors' request that they smile. Left to right, they are Vivian Weisblatt, Adele Forman, Jeanne Kennedy, Peggy Greenwalt, Eunice Young, Dorothy McCann, and Eleanor Goren.

Except for complications from surgery, not one woman died in Santo Tomas. All the nurses came home—though on the average 32 pounds lighter, weakened by malaria, and with lingering reminders of bouts with pellegra and malnutrition.

Arrival in the states meant some handshaking with generals and admirals, hometown newspaper stories about local girls returning from the war, medal ceremonies where Bronze Stars²² were presented, and, for many of the Philippine campaign nurses, expeditious discharge. The war was over, but for most of the nurses, as for all veterans of war, nothing would ever be the same. Nothing would ever again fall into the “too hard” category for women who had changed bandages on bloody stumps of legs during the bombardments on the Bataan peninsula. No assignment, no matter how remote, would approach the hardship of a Japanese internment camp where people died daily from starvation.

There was catching up to do, with personal and professional lives. Hattie Brantley returned home to find that her father had died while she was in captivity. Lieutenant Buelah Greenwalt hurried home just in time to nurse her mother during a fatal illness. All the nurses needed training in the use of penicillin and new burn treatment techniques, both medical innovations since 1941.

While the nurses were still in captivity, two Hollywood movies had been released, based somewhat loosely on the experiences of the Army nurses on the Bataan peninsula and Corregidor. The first of these, “So Proudly We Hail,” while tending to lean toward romantic interludes more than combat nursing, did portray graphically the danger of work in combat areas and the devotion of the nurses performing their duty. The second film, “Cry Havoc,” spent more time

dramatizing the rivalry of two nurses for the same man than it did talking about the nature of the service of Army nurses in combat. Colonel George C. Clarke, himself a veteran of Bataan and Corregidor, wrote a letter to *Time* magazine objecting to a review of "Cry Havoc" that typified the nurses as flighty and teary:

These angels of mercy did not "grow jittery" or quarrelsome. . . . I left Bataan five minutes before its capitulation and during its entire terrible struggle I saw these wonderful women serve their country with heroism and fidelity. They were truly angels of mercy—dirty, underfed, overworked, but always cheerful. They deserve individual medals for their heroism and devotion to duty, rather than to be depicted as they are in the play you reviewed.²³

Numerous books covering every possible aspect of the fall of Bataan and Corregidor were written in the years immediately following the war. Some mentioned the nurses, but usually in some romantic reference with little or nothing said about performance of duty. Once in a while someone with firsthand knowledge of the situation in the Philippines would write a piece focusing on the nature of the wartime duty performed by military nurses. Clark Lee, in his book *They Call It Pacific*, praised the nurses he had observed on Bataan:

The nurses on Bataan were great guys. They dressed in Regular Army khaki pants and shirts and lived under shelter tents. They washed their underclothes and bathed in a muddy stream that ran through Base Hospital No. 2. With the bombers overhead, they walked about the wards of their open-air hospital, carrying out their duties and cheering up the Filipino and American wounded. When the bombs fell near they helped the shell-shocked patients crawl into foxholes dug right under their beds. Twice, in the final horror-filled days, the bombs fell—not near, but squarely—on the hospital.²⁴

Noted war correspondent Ernie Pyle, who later died on Okinawa, had this to say about the American military nurses serving in the Philippines: "The American nurses—and there were lots of them—turned out just as you would expect: wonderfully. Army doctors, and patients, too, were unanimous in their praise of them. Doctors told me that in the first rush of casualties they were calmer than the men."²⁵

General Wainwright did not forget his nurses, nor did he in any fashion deny the importance of their contribution to the fight for the Philippines. In an interview with author Bob Considine, Wainwright said of his nurses:

But never forget the American girls who fought on Bataan and later on Corregidor. They had no training in pioneering hardships; theirs had been a life of conveniences and even luxury. But their hearts were the same hearts as those of the women of early America. Their names must always be hallowed when we speak of American heroes. The memory of their coming ashore on Corregidor that early

morning of April 9 [1942], dirty, disheveled, some of them wounded . . . and every last one of them with her chin up . . . is a memory that can never be erased.²⁶

Beyond references such as these, some romanticized and some substantive, little was written about the experiences of that unique group of military women. Although some of the nurses were asked to give testimony for use in the Japanese War Crimes Tribunal, no comprehensive written or oral histories were recorded by either the Army or the Navy. In 1983, on the occasion of a POW/MIA celebration, the Department of Defense finally videotaped interviews with several of the Army nurses as well as their Navy nurse counterparts who had been captured in Manila and on Guam during World War II.

Through all the debate of recent decades concerning the possible use of women in combat roles or combat zones, too often the historical record of the nurses of Bataan and Corregidor has been overlooked. These women saw the entire range of combat experience someone in a combat support or combat service support role could reasonably be expected to endure. Their service should not be forgotten.

NOTES

1. John Toland, *But Not in Shame* (New York: Random House, 1961), p. 300.
2. Elizabeth A. Shields, *Highlights in the History of the Army Nurse Corps* (Washington: US Army Center of Military History, 1981), p. 22.
3. Minnie Breese Stubbs, oral history, Washington: US Army Center of Military History, 1983.
4. Duane Schultz, *Hero of Bataan: The Story of General Jonathan M. Wainwright* (New York: St. Martin's Press, 1981), p. 52.
5. *Ibid.*, p. 53.
6. Josephine Nesbit Davis, oral history, Washington: US Army Center of Military History, 1983.
7. Schultz, p. 79.
8. Richard R. Taylor, *Medical Training in World War II* (Washington: Department of the Army, 1974), p. 127.
9. Marian N. Fernandes, "Women in Combat? Meet the Heroines of Corregidor, Bataan," *Army* (April 1979), p. 42.
10. Schultz, p. 132.
11. Breese Stubbs oral history.
12. "Bataan: Where Heroes Fell," *Time*, 20 April 1942, p. 20.
13. Ronald H. Spector, *The Eagle Against the Sun* (New York: Free Press, 1985), p. 117.
14. Toland, p. 288.
15. Madeline Ullom, oral history, Washington: US Army Center of Military History, 1983.
16. Helen Cassiani Nestor, oral history, Washington: US Army Center of Military History, 1983.
17. Schultz, p. 261.
18. For a discussion of the psychological state of those awaiting the promised relief, see Matthew S. Klimow, "Lying to the Troops: American Leaders and the Defense of Bataan," *Parameters*, 20 (December 1990), 48-60.
19. Gladys Ann Mealer Giles, oral history, Washington: US Army Center of Military History, 1983.
20. Nestor oral history.
21. Mealer Giles oral history.
22. The Bronze Stars were for meritorious service vice valor, so combat Vs were not authorized for the women.
23. Philip A. Kalisch and Margaret Scobey, "Female Nurses in American Wars," *Armed Forces and Society*, 9 (Winter 1983), 232.
24. Clark Lee, *They Call It Pacific* (New York: Viking Press, 1943), p. 238.
25. Kalisch and Scobey, p. 227.
26. *Ibid.*, p. 226.